(060) Co	verage and Performance Report	Ap On	CForm 690. proved by OMB MB Control No. 3060-1185 ge 3 of 8
<010>	Study Area Code	448011	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2014 - 07/2015		
	Coverage and Performace attachements	TX.zip	

Resident Population Po	Resident Population Population per ensus Block Census Block Population Popula	<a1></a1>	<a2></a2>	<a3></a3>	   	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d> <d>  </d></d>
See attached worksheet	See attached worksheet				Population per	Population Newly Reached	Population Reached by	Miles per Census	Miles per Census Block	Road Miles covered per	Coverage and Performance data is uploaded
		State	County	Census Block				Block		Block	
				1							
			-			see attach	ed works	neet			
			-	-					-		
			Populatio	tage of Total on Reached by ervice			Percentage Road Miles of by Serv	overed			

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
上色彩 医医多型 医医神经口染 医多层溶液性 往 医尿管医溶液 新游 插着	OMB Control No. 3060-1185
A CONTROL OF THE CONT	Page 4 of 8

<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	ertification of Officer or Empl	oyee as to Compliance with 47	CFR 954.1009(a)(4)
l certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my responsi	bilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on thi
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/25/2015
Printed name of Authorized Officer:	Ana Bataille		
Title or position of Authorized Officer:	Tax & Regulatory Manager		
Telephone number of Authorized Officer:	6105356911 ext.		
Study Area Code of Reporting Carrier:	448011	Filing Due Date for this form:	07/01/2015

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

	ze an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the report	s and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		Andrew Charles	
<015>	Study Area Code Study Area Name		448011 Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding t	this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	ied in data line <0	)30> abataille@cellonenat	ion.com
<142>	State	1		
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached I	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, 1 each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached	e) for	
<146>			Select (Yes, No, Not Applicable)	
	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal		
<147>	community anchor institutions; Feasibility and sustainability planning;	us on Tribal		
<148>	community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	us on Tribal		
	community anchor institutions; Feasibility and sustainability planning;	us on Tribal		
<148>	community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	us on Tribal		
<148> <149>	community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	us on Tribal		

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	146820.00
<203>	Total Mobility Fund Support Disbursed	48940.00
<210> <211>	Actual Completion Date  Project Status Description (attached)	448011_PSD_TX.pdf
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	/
<213>	Status of Network Deployment - Construction	1
<214>	Status of Network Deployment - Deployment	1
<215>	Status of Network Deployment - Maintenance	/
<216>	Project Budget Status	/
<217>	Project Plan Status	·
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	<ul><li>O</li></ul>

(101) Ceri	tification - Reporting Carrier	Apr OM	Form 690 proved by OMB B Control No. 3050-1185 e 7 of 8
<010>	Study Area Code	448011	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> abataille@cellonenation.com

<035> Contact Telephone Number - Number of person identified in data line <030> 6105356911 ext.

certify that I am an officer of the reporting carrier; my responsiblest of my knowledge, the information reported on this form and	ilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the in any attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2015
Printed name of Authorized Officer: Ana Bataille	
Fitle or position of Authorized Officer: Tax & Regulatory Mai	nager
Telephone number of Authorized Officer: 6105356911 ext.	
Study Area Code of Reporting Carrier: 448011	Filing Due Date for this form: 07/01/2015

(102) Cer	tification - Agent / Carrie	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	448011
401E>	Chudu Asaa Nama	Towns 15 110

# <015> Study Area Name <0205</p> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> abataille@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	is authorized to submit the information reported on behalf of the reporting carrier. ponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier
합니다. 그렇게 하면 하면 하면 하면 있다면 하면	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information repor	수있는 경기에 있다는 사람들이 없는 것이 있다면 가장 없는 것이 있다면 보다 되었다면 보다 되었다면 보다 보다면 보다 보다 되었다면 보다 보다 보다 되었다면 보다 보다 보다 되었다.
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

**Attachments** 

(060) Co	verage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

08/2014 - 07/2015

, ,

Coverage and Performance Report Year

<039>

<140>

<141>

(a) (a) (b) (b) (c) (c) (c) (d) Certify that **Total Road** Coverage and Resident **Total Resident Road Miles** Miles Performacne Population per Census **Road Miles** Resident Population covered per data is uploaded Newly Reached by Service **Block Newly** Population per Reached by per Census Census Block (yes/no) County Cherokee Census Block Block Reached State Census Block Service 0000 0 Yes TX 0 0.0 0.0

> Percentage of Total Percentage of Road Miles covered **Total Population** by Service Reached by Service

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas 10, LLC Form 690 – Annual Report for August 2014 – July 2015

## **Project Status Description**

Item: SAC 448011

County/State: Cherokee, TX

Total Award Amount: \$146,820.00

#### **Project Description**

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448012	No constitution of the con
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2015	HIM 2 5 2015
<030>	Contact Name: Person USAC should contact with questions about this data	Ana Bataille	Fadoral Communications supplication
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356911 ext.	Office of the Sauratary
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com	
<040>	Has the information required pursuant to §54.1005 <041> Attach a description of the documents fit <042> Cite the Study Area Code (SAC) for the Foundation of	led with the Form 481 reporting	(041) <042>
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)  (If yes, complete the attached worksheet)  (complete attached worksheet)	<080>
<100>	Certifications <101> Reporting Carrier Certification (com	plete attached certification)	<101>
	<102> Agent Certification (com	nlete attached certification	<102>

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form	<i>3.</i> 2. 3. 13.		FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448012	W-5
<015>	Study Area Name		Texas 10, LLC	3000
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding	this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identifi	ied in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	abataille@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0017235110		
<111>	Filing Carrier Name			
	500 C 6000 C 600 C	Texas 10, LLC	10-1	
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ive, Suite 104	
<114>	City	Wayne		
<115>	State	PA	200	
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356911 ext.	- M.II	
<118>	Fax Number	6106885209		
<119>	Email Address	abataille@cellonena	ation.com	
			The Market St.	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Ana Bataille		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)			
<123>	City	1170 Devon Park Dri	VS SINTS III	
<124>	State	Wayne		
<125>		PA	0.000	
	Zip-Code	19087		
<126>	Telephone Number	6105356911 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	abataille@cellonenat	tion.com	
Authorize	d Agent Information			
	if no agent, indicate in this box   ✓			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company	VVV # 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	- 210 - 220	
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State	*		
	POTENTIAL STATE OF THE STATE OF			-
<135>	Zip-Code		<del></del>	
<136>	Telephone Number			
<137>	Fax Number			no com
<138>	Email Address		-35	
	=	5//	<u> </u>	

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<140>	Coverage and Performance Report Year 08/2014 - 07/2015	
	Coverage and Performace attachements	_TX.zip

<a1></a1>	<92>	<a3></a3>	<b1></b1>	<02>	<b3></b3>	<cl></cl>	<c2></c2>	<b>cc3&gt;</b>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance di is uploaded (Yes/no)
aim -			9	see attach	ed works	heet			11
	_					-	_		

(070) Url	pan Rate Comparability Certification Compliance	Ap ON	C Form 690 proved by OMB 4B Control No. 3060-1185 ge 4 of 8
<010>	Study Area Code	448012	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my responsi	bilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on the
and the second s	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/25/2015
Printed name of Authorized Officer:	Ana Bataille		
Title or position of Authorized Officer:	Tax & Regulatory Manager		
Telephone number of Authorized Officer:	6105356911 ext.		
Study Area Code of Reporting Carrier:	448012	Filing Due Date for this form:	07/01/2015

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

	is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	222
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authoria data provided by the reporting carrier; and, to the best of m	zed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	733-133-
Title or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agen	t
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

Visit in the second	Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code	448012	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding t		
<035>	Contact Telephone Number - Number of person identifie		
<039>	Contact Email Address - Email Address of person identifi	ed in data line <030> abataille@cellonenation.com	
<142>	County		
<144>	Tribal Land(s) on which ETC Serves		
<145>	Tribal Government Engagement Obligation	Name of Attached Document (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	158880.00
<203>	Total Mobility Fund Support Disbursed	52960.00
<210> <211>	Actual Completion Date Project Status Description (attached)	448012_PSD_TX.pdf  {Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	7
<215>	Status of Network Deployment - Maintenance	/
<216>	Project Budget Status	<b>✓</b>
<217>	Project Plan Status	<b>/</b>
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	⊙ ○

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
化异常医生物 医多克克氏 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Texas 10, LLC Name of Reporting Carrier: Date 06/25/2015 CERTIFIED ONLINE Signature of Authorized Officer: Ana Bataille Printed name of Authorized Officer: Tax & Regulatory Manager Title or position of Authorized Officer: 6105356911 ext. Telephone number of Authorized Officer: 07/01/2015 Study Area Code of Reporting Carrier: 448012 Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting ca	rier. I
also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and	sponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized	
agent, and, to the best of my knowledge, the reports and	a provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		- 100
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
	orized to submit the reports for Mobility Fund recipients on behal carrier; and, to the best of my knowledge, the information report	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	ıt	
Felephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

**Attachments** 

(060) Co	verage and Performance Report	FCC Form 690
(0.00) (0.0	verage and renormance report	Approved by OMB OMB Control No. 3060 1185
<010>	Study Area Code	446012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
-140>	Coverage and Performance Penert Vers	00/0014

<141> Certify that **Total Road** Coverage and Resident **Total Resident Road Miles** Miles Performacne Population Population Road Miles per Census Resident covered per data is uploaded Population per Newly Reached by Service Reached by **Block Newly** per Census Census Block (yes/no) Census Block Census Block Service Block Reached County Cherokee State 0000 TX 0 0.0 0.0 0.0 Yes

> Percentage of Total Population Reached by Service

. . . .

0	Ī		

Percentage of Total Road Miles covered by Service

)		ī	ī

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas 10, LLC Form 690 – Annual Report for August 2014 – July 2015

#### **Project Status Description**

Item: SAC 448012

County/State: Cherokee, TX

Total Award Amount: \$158,880.00

#### **Project Description**

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

	Fund - §54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448013		
<015>	Study Area Name	Texas 10, LLC	A	scepted / Filed
<020>	Program Year	2015		
<030>	Contact Name: Person USAC should contact with questions about this data	Ana Bataille		JUN 25 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356911 ext.	Federa	l Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com		
19 may 19 may				
<040>	Has the information required pursuant to §54.1009  <041> Attach a description of the documents file		<u>vi</u> <040> O	•
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<050>	Carrier Contact Information	(complete attached worksheet)	<050>	
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>	
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	ver tribal lands? Yes or No)	0	•
		(If yes, complete the attached worksheet)	<080>	
<090>	Project Update Information	(complete attached worksheet)	<090>	
<100>	Certifications <101> Reporting Carrier Certification /comp	data and a difference of	(101)	
		olete attached certification) olete attached certification)	<101>	

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact Form					
				Approved by OMB OMB Control No. 3060-1185 Page 2 of 8	
-010					
<010>	Study Area Code Study Area Name		448013 Texas 10, LLC		
<020>	Program Year		2015		
<030>	Contact Name - Person USAC should contact regarding th	nis data	Ana Bataille		
<035>	Contact Telephone Number - Number of person identifie		6105356911 ext.		
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	abataille@cellonenation.com		
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder				
<110>		0017235110			
<111>	Section Control and Control	Texas 10, LLC			
<112>		Texas 10, LLC			
<113>		1170 Devon Park Dri	ve Suite 104		
	20 N		ve, Suite 104		
<114>		Wayne			
<115>	W11971	PA			
<116>	- (ACC) 사용 (ACC) - (A	19087			
<117>		6105356911 ext.			
<118>		6106885209			
<119>	Email Address	abataille@cellonena	tion.com		
Contact In	formation if same as above, indicate in this box				
<120>	Name (First, MI, Last, Suffix)	Ana Bataille			
<121>		Texas 10, LLC			
<122>	Street Address (or PO Box)		. AC 122040100022240		
<123>	Cit.	1170 Devon Park Dri	We Suite 104		
<124>		Wayne			
	- '' ' - ' - ' - ' - ' - ' - ' - ' - '	PA			
<125>	-	19087			
<126>	Telephone Number	6105356911 ext.			
<127>	Fax Number	6106885209			
<128>	Email Address	abataille@cellonena	tion.com		
Authorize	d Agent Information if no agent, indicate in this box				
-130					
<130>	Name (First, MI, Last, Suffix)				
<131>	Company				
<132>	Street Address (or PO Box)				
<133>	City				
<134>	State				
<135>	Zip-Code				
<136>	Telephone Number				
<137>	Fax Number				
<138>	Email Address				

(060) Cov	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448013	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2014 - 07/2015		
	Coverage and Performace attachements	_TX.zip	

<141> <br/>
<br/> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census Performance data covered Population Resident Population Block is uploaded per per Population per **Newly Reached** Reached by Census Newly Census (Yes/no) Census Block Census Block State County by Service Service Block Reached Block -- See attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered Service by Service